

## Clinical Governance

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HUNTER NEW ENGLAND  
NSW HEALTH

Australian Commission

05 MAY 2008

on Safety and Quality  
in Health Care

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24 April 2008

Professor Chris Baggoley  
Chief Executive  
Australian Commission on Safety and Quality in Healthcare  
GPO Box 5480  
Sydney NSW 2001

Attention: Dr Nicola Dunbar

Dear Professor Baggoley

### Re: Draft National Patient Charter of Rights

Thank you for the opportunity to comment on the Draft National Patient Charter of Rights circulated by Australian Commission on Safety and Quality in Healthcare in January 2008. My apologies for the delay in responding, and I hope these comments are of assistance in the review.

#### 1. *National Patient Charter of Rights and National Patient Charter Principles*

The Charter provides a snapshot of rights and is useful in that it provides a summary of the contents. This summary would be useful to include in local posters and brochures, where detailed information is not appropriate. The more detailed information and explanation in the Principles could be available for patients, members of the community and staff who require it. The language appears appropriate for use by a broad range of stakeholders.

#### 2. *Rights included in the Charter*

The rights included in the Charter appear to represent patient concerns when receiving healthcare from our experience. An alternative to the use of the term "redress" would more appropriately reflect the right of patients and community to provide feedback – and receive an appropriate response to events. "Redress" can be seen to imply there has been some fault to correct and implies blame.

#### 3. *Points included in the Principles*

The points included in the Principles seem to adequately support understanding and provide clarification on each point.

#### 4. *Rights and Responsibilities*

The Charter specifically talks about patient rights. A document that also includes patient responsibilities would be helpful to avoid duplication of effort and would balance Patient Charters with Rights and Responsibilities. A Charter that focuses on patient rights can have the effect of disempowering staff. It is preferable to acknowledge partnership by acknowledging mutual responsibilities in the clinician/patient relationship, with emphasis on shared expectations.

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## 5. Existing Charters

A National Charter and Principles will assist patients and the community through consistency of expectations regardless of where they receive their health care. The National Charter and Principles can be adapted to suit a range of health care settings and services and patient/client/customer needs.

## 6. Possible Uses of the Charter

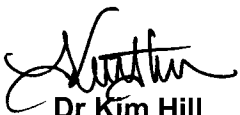
The Charter and Principles could have a role in guiding organisational values and expectations of service delivery. The Charter could be included in orientation programs and other continuing education. Likewise, inclusion in patient information could set expectations of care and empower patients to raise concerns if they perceive these standards are not met. The Charter essentially sets out the customer service levels that our patients and community can expect to receive and can support organisational focus on building in customer service delivery.

## 7. How the Charter Applies in Different Sectors and Settings

The Charter and Principles are intended to be broad statements of direction. Individual services can adopt the charter for their requirements (for example, for mental health care or for services to children), taking into account the language and specific needs of different groups.

Thank you for giving Hunter New England Health the opportunity to make comment on this matter. Should you require any further information, please do not hesitate to contact Ms Dianne Sales, Executive Support Service Manager, Clinical Governance on (02) 6592 9777.

Yours sincerely



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